

## PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

**F-02** (Rev. 12/01)**RECIPIENT'S ENROLLMENT AND INITIAL  
PROGRAM PROGRESS REPORT**

FORM APPROVED:  
OMB Approval No. 0917-0006  
Exp. Date: 12/31/2004  
*See Estimated Average Burden Time  
per Response on Reverse Side*

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

**CIRCLE ONE:** Fall Winter Spring Summer**CIRCLE ONE:** Semester Quarter**CIRCLE ONE:** Full-time Part-time

**CLASS ENROLLMENT** - List the courses in which you are currently enrolled if you do not have an official university printout to attach to this report.

COURSE NUMBER	TITLE	HRS.	COURSE NUMBER	TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**DURING THIS REPORT PERIOD I WILL PARTICIPATE IN THE FOLLOWING SPECIAL ACTIVITIES IN MY SCHOOL OR COMMUNITY:** \_\_\_\_\_

\_\_\_\_\_

**DURING THIS REPORT PERIOD I HAVE ENCOUNTERED THE FOLLOWING PROBLEMS WITH MY SCHOOL, COMMUNITY OR SCHOLARSHIP:** \_\_\_\_\_

\_\_\_\_\_

**MAJOR ACTIVITIES WHICH WILL AFFECT ME IN THE COMING MONTHS ARE:** \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE AND TITLE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.

Please return a completed F-02 form to IHSSP,  
801 Thompson Avenue Suite 120, Rockville, MD 20852.

Reviewed (IHS use only): \_\_\_\_\_